

Application No. (if known): 10/541,424

Attorney Docket No.: 07700/061001

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One Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Fee Transmittal (1 page)

Amendment Transmittal (1 page)

Amendment (14 pages)

Payment by credit card. Form PTO-2038 is attached (1 page)

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PTO/SB/17 (01-06)

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33.57			respond to a co	respond to a collection of information unless it displays a valid OMB control number. Complete if Known							
to the Consol	Application Number 10/541,424-Co										
FEE TR	Filing Date		July 5, 2005								
For FY 2006			First Named Inventor		Hideo Morimoto						
	Examiner Name		W. Benson								
Applicant claims si	Art Unit		2858								
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 170.00						07700/061001					
METHOD OF PAYMENT (check all that apply)											
Check X Credit Card Money Order None Other (please identify):											
	ccount Name:										
	x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below.											
Charge any additional fee(s) or underpayment of											
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
1. BASIC FILING, SEAT	FILING		EARCH FEE	S EXAM	INATION FEES						
_	<u>s</u>	mall Entity	Small E	ntity	Small Entity	Face B	ald (C)				
Application Type	Fee (\$)	Fee (\$) Fee		_		Fees P	aiu (ş)				
Utility	300	150 500									
Design	200	100 100									
Plant	200	100 30									
Reissue	300	150 50									
Provisional	200	100	0	0	0	-	Concil Entity				
	2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (inc	duding Reissues)					50	25				
Each independent claim	_	Reissues)				200	100				
Multiple dependent clair		, itelisacs)				360	180				
		e (\$) Fee	Paid (\$)		Multiple Depende	ent Claims					
			50.00	•	Fee (\$)	Fee Paid (\$	1				
HP = highest numer of total		ter than 20.									
Indep. Claims Ex	ctra Claims Fe	e (\$) Fe	Paid (\$)	-							
2 -6= x =											
HP = highest numer of inde	pendent claims paid fo	r, if greater than 3.		_			_				
3. APPLICATION SIZE	FEE				61 1						
If the specification and listings under 37 C	d drawings exceed	1 100 sheets of pape	er (excluding	electronically	/ filed sequence or	computer)				
sheets or fraction the	hereof See 35 U.	S.C. 41(a)(1)(G) ar	nd 37 CFR 1.1	6(s).	remay) for each a	dumona. v					
Total Sheets	Extra Sheets	Number of eacl			reof Fee (\$)	Fee I	Paid (\$)				
		/50	(round up to	a whole numb	er) x	=					
4. OTHER FEE(S)						Fees	Paid (\$)				
Non-English Specif	ication, \$130 fee	(no small entity di	scount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00											
SUBMITTED BY											
Signature	n-(Imai	12-1	Registration		36 Telephone	(713) 22	8-8600				
(Attorney Agent)											
Name (Print/Type) Jonathan P. Osha T. Chyall Liang #48,885 Date May 19, 2006											